PRINTED: 03/25/2020 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6002612 B. WING 01/16/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **400 N COUNTY FARM RD DUPAGE CARE CENTER** WHEATON, IL 60187 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Investigation of Complaint 2070227/IL00119054 S9999 Final Observations S9999 Statement of Licensure Violation: 300.610a) 300.690b)c) 300.1210b) 300.1210d)6) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.690 Incidents and Accidents b) The facility shall notify the Department of anv serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 01/31/20

TATEMENT OF DEFICIENCIES					
ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 01/16/2020	
	IL6002612				
AME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
UPAGE CARE CENTER	400 N CO	UNTY FARM	RD		
— — OAKE GERTEK	WHEATO	N, IL 60187			
REFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLI	
S9999 Continued From pa	ge 1	S9999			
incident or accident resident, the facility law enforcement purnotify the Regional purposes of this Se Office by phone on Department represe phone that the requirement office by phone has unable to contact the notify the Department working. The facility summary of each resto the Department working and Person b) The facility shall and services to attate practicable physical well-being of the research resident's complan. Adequate and care and personal cresident to meet the care needs of the reshall include, at a machine procedures: d) Pursuant to subscare shall include, a and shall be practiced seven-day-a-week to All necessary president to meets the care hall include, a and shall be practiced seven-day-a-week to All necessary president to meets the care hall include, a and shall be practiced seven-day-a-week to All necessary president to meets the care hall include, a and shall be practiced seven-day-a-week to All necessary president to meets the care hall include, a and shall be practiced seven-day-a-week to All necessary president to meets the care hall include, a and shall be practiced seven-day-a-week to All necessary president to meets the care hall include, a and shall be practiced seven-day-a-week to All necessary president to meets the care hall include to the facility to the facil	results in the death of a shall, after contacting local arsuant to Section 300.695, Office by phone only. For the ction, "notify the Regional y" means talk with a entative who confirms over the irement to notify the Regional sheen met. If the facility is the Regional Office, it shall ent's toll-free complaint registry shall send a narrative exportable accident or incident within seven days after the dieneral Requirements for the iremental Requirements for the i	59999			

Illinois E	Department of Public	Health			FORM APPROVEL
AND PLAN OF CORRECTION I IDENTIFICATION NUMBER			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		!L6002612	B. WING		C 01/16/2020
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, §	STATE, ZIP CODE	
DUPAGE	E CARE CENTER		UNTY FARM N, IL 60187	RD	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFI DEFICIENCY)	DBE COMPLETE
S9999	Continued From page	•	S9999		
	that each resident re and assistance to p	receives adequate supervision prevent accidents.	the state of the s		
	These requirements	ts are not met as evidenced by:			
	review, the facility faresident during heat rehabilitation depart accident to the ager in the resident sustathickness burns conrequired a schedule therapy.	ion, interview and record failed to assess and monitor a set pack therapy in the rement and failed to report the ency. These failures resulted saining bilateral knee full mplicated by infection which e of intravenous antibiotic			
	rehabilitation therap	5 residents (R1) reviewed for by and receiving heat pack 3 (R1) reviewed for reportable			
	The Findings Include	le:			
	with the following pe	ecuments R1 is 79 years old ertinent diagnosis: Intellectual nritis, localized edema and			
		Mental Status Assessment es R1 with a score of 15 gnitively intact.			
	wheelchair with a He forearm. There was machine in the room rehabilitation/physica hot packs burned be of 2019." R1 pulled a dressings to both kn	2:00AM, R1 was sitting in a leparin Lock to the lower right is an intravenous therapy in. R1 said "I like cal therapy except when the oth of my knees in December up both pant legs and showed nee caps dated 1/13/2020. R1 the IV antibiotic because of my			

PRINTED: 03/25/2020

, Illinois Department of Public Health					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6002612	B. WING		C 01/16/2020	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
DUPAGE CARE CENTER		UNTY FARM N, IL 60187			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE COMPLETE	
S9999 Continued From pa	age 3	S9999			
knee burns.					
physician will exam V3 said R1 sustainused in therapy. V3 antibiotics because On 1/14/2020 at 10 Manager) propelled his room for the phy (Medical Director/N while V4 (Unit Nurs V8(Treatment Nurs both wounds; the rilength by 1 cm in w by redness, the left by 2 cm in width, bl redness. V5(Medica wounds, first noted therapist kept the h blisters collapsed w diagnosis is partial burns were complicated intravenous knee is worse than diagnosed both wore earlier. The wounds full thickness burns On 1/14/2020 at 12 Aide) said R1 came and said his legs word gets hot packs on for 10 and used a timer. V were sore. After the began therapy. V6 legs during or after	c:10AM, V3 (Nurse) said the line both of R1's burns today. ed the burns from heat packs is said R1 is getting IV the burns became infected. c:38AM, V4 (Unit Nurse IR1 from the dining room to ysician to examine R1. V5 Iredical Doctor) examined R1 e Manager), V3 (Nurse) and e) were present. V5 measured ght knee burn was 2.5 cm in lidth black eschar surrounded knee burn was 3 cm in length ack eschar surrounded by all Doctor) said, "R1 got the as blisters, because the ot packs on too long. The with subsequent eschar. The to full thickness burns. The left the right knee. My colleague unds as full thickness burns, is are improving now partial to "." c:52PM, V6 (Rehabilitation and R1 is antibiotic therapy. The left the right knee. My colleague unds as full thickness burns, is are improving now partial to "." c:52PM, V6 (Rehabilitation and R1 is allotted time) and				

ND7I11

6399

Illinois Department of Public Health

IIIIIIQIS L	repartment of Fublic	ricalli			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND FLAN	OF CONTECTION	A. BUILDING:		COMPLETED	
					С
		IL6002612	B. WING		01/16/2020
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	
DUDAGE	CARE CENTER	400 N CO	UNTY FARM	RD	
DUPAGE	CARL CLIVIER	WHEATON	N, IL 60187		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE COMPLETE
S9999	Continued From pa	ge 4	S9999		
	happened this time supposed to tell us and we will remove	ned. "I don't know what " V6 said residents are when the packs are too hot them. V6 said residents with nt, we check the skin after 5			
	On 1/14/2020 at 12:57PM, V10 (Rehabilitation Manager) and V11 (Assistant Administrator) said R1 was re-evaluated for therapy on 10/16/2019 due to complaints of knee pain. Hot pack therapy was added. R1 had hot pack therapy 5-6 times prior to that last hot pack therapy which resulted in burns. Temperatures were taken and the hydrocollator machine temperatures were fine. V6 (Rehabilitation Aide) was interviewed and said there was nothing unusual. As a result of the burn, we have been doing return demonstrations with the therapist on hot pack therapy. We are trying to determine the root cause analysis. When asked what were possible reasons for the burns, if temperatures were checked and all were within normal limits and R1 received this hot pack therapy 5-6 other times without burns, the surveyor received no response.				
	12/26/2019 between with fluid filled blister received heat pads today. V7 said the n documented. V7 sa notified and ordered blisters erupt. V7 sa that R1 is pleasant a have informed the til the packs, but R1 is encouragement. V7	id the medical doctor was I dry sterile dressings until the aid he is familiar with R1 and and soft spoken and should herapist about the heat from soft spoken and needs said R1 did not experience ition prior to therapy on			

Illinois Department of Public Health FORM APPROVED					
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		IL6002612	B. WING	=======================================	C 01/16/2020
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE	
DUPAGE	CARE CENTER		UNTY FARM I N, IL 60187	RD	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
S9999	Continued From pa	ge 5	S9999		
	again. R1 said V6 (heat pads on when kept the heat pads started to burn terriheat, I did not tell V why he did not tell V after V6 removed the exercise bike and prepeated 3 times thon for 30-35 minuted On 1/15/2020 at 12	:35PM, V1 (Administrator) and			
	just made aware the heat from the hot part to R1's room to see there were concern Intellectual disability processing and commoving forward, R1 Psychiatrist to determine the heat from t	ocial Services) said they were at R1 did not communicate the acks to V6. V1 said she went if R1 could quantify time and s. Due to R1's diagnosis of y, we are unsure of cognitive ocerns with recognizing pain, will be seen by the rmine cognition and implement mmunication and safety.			
	says, "R1 noted wit in width fluid filled by 4.5cm in length by 4 blister on his left kn verbally denies exp R1 verbalized that his bilateral knees with during the day. Me receiving new order bilateral knees daily Physician Note date	d 12/26/2019 at 10:23PM h a 4.5 cm in length by 2.5cm dister on his right knee and a 4.5 cm in width fluid filled ee. No drainage noted. R1 eriencing any pain/discomfort. he had heating pads applied to while attending therapy earlier dical Doctor made aware, r for dry sterile dressings to //			

PRINTED: 03/25/2020 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6002612 01/16/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **400 N COUNTY FARM RD DUPAGE CARE CENTER** WHEATON, IL 60187 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 dressings, was a blister before, but popped today. Left knee is blanchable, opened skin no discharge, or pus, top layer of skin is missing. Right knee is excoriated around and non-blanchable in middle but on outside. R1 is oriented to person, place and time and slow to respond. Deep tissue injury related to heat on both knees, will start Silvadene cream daily with kerlix and follow-up in a few days to make sure wounds are not getting worse. Physician Note date 1/7/2020 says left knee 3.5cm in length by 2.4 cm in width burn with eschar, right knee 2.6 cm in length by 1.0 cm in width eschar. Bilateral partial thickness burns suspect possible full thickness burns to left knee. Silvadene twice daily, recheck 1/10/2020. Physician Order dated 1/7/2020 says Clindamycin 900 mg IV times 7 days. Physician Note dated 1/7/2020 states Intravenous antibiotic for infected 2nd degree burns both knees. Physician Note dated 1/8/2020 says 2nd degree burns both knees complicated by cellulitis start Clindamycin IV. Physician Note dated 1/9/2020 says the wounds progressed to bilateral full thickness burns. Physical Rehab Treatment Logs Forms were reviewed from October 2019 to December of

2019. R1 received Hot pack therapy on the following days: 10/24/2019, 11/21/2019, 12/1/2019, 12/9/2019, 12/13/2019 and

pack therapy on the other days.

12/26/2019. V6 applied hot packs therapy for R1 on 12/26/2019, other therapist performed the hot

ND7 11

PRINTED: 03/25/2020 FORM APPROVED

, Illinois 🛭	Department of Public	Health			ORMALIKOVED
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	!	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		IL6002612	B. WING		C 01/16/2020
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	
DUDACE	CARE CENTER	400 N CO	UNTY FARM	RD	
DOPAGE	CARE CENTER	WHEATON	N, IL 60187		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
S9999	Continued From pa	ge 7	S9999		
	reviewed for Decembere were within normal Heating Units Operation 1/14/2020. R1's reported to the State On 1/14/2020 at 12: Nursing) said she discause R1 develop When asked why with doctor noted change then full thickness by to 1/7/2020, V2 said Electronic Record Crevised on 9/22/201 detailed information report, reportable in Hydrocollator Packs patient should be chartestment, Hydrocol it necessary to add a packs and area of a has been treated, should be residents by applying tolerance. V4 said the 20 minutes. V4 said the 20 minutes. V4 said impairment are asset in the state of the said	30PM, V2(Director of d not report this unique event bed blisters from the burn. as it not reported when the es from blisters to partial and ilateral burns from 1/3/2020 l, "I can report it now." If Resident Incidents last 4 was reviewed and provides on whom, and how to to cidents/accidents. Procedure undated says, secked on regularly during lator may be too hot, making more towels between hot pplication. Check area that kin should be pink, not red. 40AM, V4 (Rehabilitation nanufacturer Guidelines for es not tell how much time e applied. We assess g the heat packs for tissue ne standard time frame is 10 aid residents with cognitive essed , with observation, more			
	frequently when usir		0.40, 4.6		

PRINTED: 03/25/2020 FORM APPROVED

Illinois Department of Public	<u>Health</u>			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	800 000	LE CONSTRUCTION	(X3) DATE SURVEY
AND FLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	:	COMPLETED
		D WING		С
	IL6002612	B. WING		01/16/2020
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY.	STATE, ZIP CODE	
DUPAGE CARE CENTER		OUNTY FARM		
		DN, IL 60187		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL	
TAG REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	
			DEI IOIEIOT)	
S9999 Continued From pa	ige 8	S9999		
heat pack tissue to	lerance was not presented.			
(B)				
(2)				
				i
. 91				
Carl				
			mn.aanan-g	
			n normal de aller	
				1
			48 6/4	

Illinois Department of Public Health

STATE FORM